

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

PlastyPAC

ADDRESS (number and street)

444 E. Algonquin

☐Check if different
than previously
reported. (ACC)

Arlington Heights

IL

60005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Seward

Signature of Treasurer

Electronically Filed by William Seward

Date

10

11

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
PlastyPAC

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	6

To:

M	M		D	D		Y	Y	Y	Y
0	9		3	0		2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		92291.86
(b) Cash on Hand at Beginning of Reporting Period	103611.86	
(c) Total Receipts (from Line 19)	86593.00	142913.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190204.86	235204.86
7. Total Disbursements (from Line 31)	104500.00	149500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	85704.86	85704.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

PlastyPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	71733.00	120533.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	14860.00	22380.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	86593.00	142913.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	86593.00	142913.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	86593.00	142913.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	86593.00	142913.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	104500.00	149500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	104500.00	149500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	104500.00	149500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	86593.00	142913.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86593.00	142913.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Scott Aaronson Mailing Address 1221 North Indian Canyon Dr. City State Zip Code Palm Springs CA 92262 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.4743 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Govind Acharya Mailing Address 5121 N. Central Ave. City State Zip Code Phoenix AZ 85012 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.5068 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation PHysician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. hilton Adler Mailing Address 179 Bellemeade Rd., Ste. 1 City State Zip Code East Setauket NY 11733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.5084 Amount of Each Receipt this Period 300.00
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Mirza Ahmad
Mailing Address 4782 Munson St., NW

City State Zip Code
Canton OH 44718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5080

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr. Edwin Austin
Mailing Address 960 Liberty St., SE, Ste. 170

City State Zip Code
Salem OR 97302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4564

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Rafael Avila
Mailing Address 1022 Griffin Parkway, Ste. 110

City State Zip Code
Misison TX 78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5066

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. A. Allen Badri		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6	
Mailing Address 1410 Burr Oak Court Suite 14a		Transaction ID: SA11A1.4729	
City Hinsdale	State IL	Zip Code 60521	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) Dr. M.Hugh Bailey		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 351 Hospital Blvd., Ste. 617		Transaction ID: SA11A1.4943	
City Newport Beach	State CA	Zip Code 92663	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Bruce Baker		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6	
Mailing Address PO Box 4044		Transaction ID: SA11A1.4934	
City Temple	State TX	Zip Code 76505	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Matthew Bonanno
Mailing Address 215 East 77th St.

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5125

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Boshert
Mailing Address 235 Southern Oaks Dr.

City State Zip Code
Saint Charles MO 63303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4739

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Keith Brandt
Mailing Address 660 S. Euclid Ave., Ste. 5401

City State Zip Code
St. Louis MO 63110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4700

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Keith Brandt		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 660 S. Euclid Ave., Ste. 5401		Transaction ID: SA11A1.5114
City State Zip Code St. Louis MO 63110	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Stephen Bresnick		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 16633 Ventura Blvd., Ste. 110		Transaction ID: SA11A1.4615
City State Zip Code Encino CA 91436	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dr. Jack Bruner		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 9 / 2 0 0 6
Mailing Address 2801 K. St.		Transaction ID: SA11A1.4674
City State Zip Code Sacramento CA 95816	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. John Bruno

Mailing Address 2685 Swamp Cabbage Court

City State Zip Code
Fort Myers FL 33901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 08 2006

Transaction ID: SA11A1.4631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. A. Jay Burns

Mailing Address 411 N. Washington Ave., Ste. 6000

City State Zip Code
Dallas TX 75246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 11 2006

Transaction ID: SA11A1.4639

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. M. Bradley Calobrace

Mailing Address 902 Dupont Rd., Ste. 200

City State Zip Code
Louisville KY 40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 15 2006

Transaction ID: SA11A1.4715

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Frank Campanile Mailing Address 13691 Metro Parkway South Suite 110 City Fort Myers State FL Zip Code 33912 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.5099 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Michael Chaney Mailing Address 17070 Red Oak Dr., Ste. 400 City Houston State TX Zip Code 77090 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.4907 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr. Diane Colgan Mailing Address 9800 Falls Rd., Ste. 105 City Potomac State MD Zip Code 20854 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.4625 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. William Wade Collison

Mailing Address 1050 Gail Gardner Way, Ste. 200

City State Zip Code
Prescott AZ 86305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4560

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Francisco Colon

Mailing Address 124 Columbia Turnpike

City State Zip Code
Florham Park NJ 07932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4585

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Ralph Colpitts

Mailing Address PO Box 2085

City State Zip Code
Lake Charles LA 70602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4566

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark Constantian

Mailing Address 19 Tyler St., Ste. 302

City State Zip Code
 Nashua NH 03060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stefan Craig

Mailing Address 145 St. peters Centre Blvd.

City State Zip Code
 Saint Peters MO 63376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. J.L. Crow

Mailing Address 1428 Central Ave. NE

City State Zip Code
 East Grand Forks MN 36725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
PHysician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4927

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. David Csikai

Mailing Address 8823 San Jose Blvd., Ste. 301

City State Zip Code
 Jacksonville FL 32217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.5030

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. Jean Cukier

Mailing Address 7400 Fanin St., Ste. 1280

City State Zip Code
 Houston TX 77054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5014

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Jean Cukier

Mailing Address 7400 Fanin St., Ste. 1280

City State Zip Code
 Houston TX 77054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.5109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Gary Culbertson

Mailing Address 18 Miller Rd.

City State Zip Code
 Sumter SC 29150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4608

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James Cullington

Mailing Address 1010 9th St.

City State Zip Code
 Austin TN 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4680

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bruce Cunningham

Mailing Address 420 Delaware St., SE
 MMC 122 FUMC

City State Zip Code
 Minneapolis MN 55455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
PHysician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.5028

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Hootan Daneshmand Mailing Address 27462 Portola Pkwy., Ste. 100 City State Zip Code Foot Hill Ranch CA 92610 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>			Date of Receipt <div>07 / 09 / 2006</div> Transaction ID: SA11A1.4621 Amount of Each Receipt this Period <div>300.00</div>	
B. Full Name (Last, First, Middle Initial) Dr. Glenn Davis Mailing Address 2304 Wesvill Court, Ste. 360 City State Zip Code Raleigh NC 27607 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>			Date of Receipt <div>07 / 06 / 2006</div> Transaction ID: SA11A1.4605 Amount of Each Receipt this Period <div>250.00</div>	
C. Full Name (Last, First, Middle Initial) Dr. Glenn Davis Mailing Address 2304 Wesvill Court, Ste. 360 City State Zip Code Raleigh NC 27607 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1250.00</div>			Date of Receipt <div>08 / 12 / 2006</div> Transaction ID: SA11A1.4993 Amount of Each Receipt this Period <div>750.00</div>	
SUBTOTAL of Receipts This Page (optional) ▶			<div>1300.00</div>	
TOTAL This Period (last page this line number only) ▶			<div></div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 73

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Arthur Debaise

Mailing Address 242 Loch Lomond Dr.

City State Zip Code
 Winter park FL 32792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.4841

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Barry Dibernardo

Mailing Address 29 Park St.

City State Zip Code
 Montclair NJ 07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.5095

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. William Dowden

Mailing Address 715 Shaker Dr., Ste 100

City State Zip Code
 Lexington KY 40504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5003

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Susan Downey

Mailing Address 1301 Twentieth St., Ste. 470

City State Zip Code
 Santa Monica CA 90404

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4580

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ronald Downs

Mailing Address 500 Aracade Ave., Ste. 300

City State Zip Code
 Elkhart IN 46514

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4983

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Lee Edstrom

Mailing Address 2 Dudley St. MOC, Ste 460

City State Zip Code
 Providence RI 02905

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4757

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Michael Epstein Mailing Address 1535 Lake Cook Rd., Ste. 211 City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 5 / 2 0 0 6 Transaction ID: SA11A1.5105 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Gregory Evans Mailing Address 200 S. Manchester City Orange State CA Zip Code 92868 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation PHysician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.4875 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. J. B. Fine Mailing Address 17759 SW 2nd St. City Penbroke Pines State FL Zip Code 33029 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Transaction ID: SA11A1.5148 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Jon Finkler Mailing Address 2200 Sunrise Blvd., Ste. 250 City Rancho Cordova State CA Zip Code 95670 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.4693 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Onelia Garcia Mailing Address 7100 W. 20th Blvd., Ste. 110 City Hialeah State FL Zip Code 33016 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation PHysician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.5064 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Dr. Lloyd Gayle Mailing Address 50 East 69th St., 4th floor City New York State NY Zip Code 10021 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.5153 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. William Georgis

Mailing Address 6030 Garrett Lane

City State Zip Code
 Rockford IL 61107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4979

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. Scot Glasberg

Mailing Address 42A East 74th St.

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.5107

Amount of Each Receipt this Period

1008.00

C. Full Name (Last, First, Middle Initial)

Dr. Kimberly Goh

Mailing Address 4610 Oleander Dr., Ste. 101

City State Zip Code
 Myrtle Beach SC 29577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.5022

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1608.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Roger Gordon

Mailing Address 4300 N. Universtiy Dr., Ste. A-202

City	State	Zip Code
Lauderhill	FL	33351

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Transaction ID: SA11A1.5140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Graper

Mailing Address 2915 Coltsgate, Ste. 103

City	State	Zip Code
Charlotte	NC	28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	6

Transaction ID: SA11A1.4833

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Donald Griffin

Mailing Address 250 25th Ave. N, Ste. 316

City	State	Zip Code
Nashville	TN	37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	6

Transaction ID: SA11A1.4611

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. John Griggs

Mailing Address 299 Crew St., Ste. 434

City State Zip Code
Springfield MA 01104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 23 2006

Transaction ID: SA11A1.4857

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jack Gunter

Mailing Address 8144 Walnut Hill Lane, Ste. 170

City State Zip Code
Dallas TX 75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 29 2006

Transaction ID: SA11A1.4899

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Roxanne Guy

Mailing Address 111 E. Hibiscus Blvd.

City State Zip Code
Melbourne FL 32901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 26 2006

Transaction ID: SA11A1.4845

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Bahman Guyuron

Mailing Address 29017 Cedar Rd.

City State Zip Code
 Lyndhurst OH 44124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jon Harrell

Mailing Address 2770 Oakbrook Ln.

City State Zip Code
 Weston FL 33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4957

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Dr. Jon Harrell

Mailing Address 2770 Oakbrook Ln.

City State Zip Code
 Weston FL 33332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.5086

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A.

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Harris

Mailing Address 540 Madison Oak, Ste. 560

City State Zip Code
 San Antonio TX 78258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.5082

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Havlik

Mailing Address 702 Barnhill Ave., Ste. 2511

City State Zip Code
 Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4985

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Karl Hiatt

Mailing Address 4540 East Baseline Rd., Ste. 117

City State Zip Code
 Mesa AZ 85206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4921

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Joseph Hirschfeld Mailing Address 3000 E. Fletcher Ave., Ste. 260 City Tampa State FL Zip Code 33613 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.5009 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Patrick Hodges Mailing Address 8220 Walnut Hill Lane, Ste. 206 City Dallas State TX Zip Code 75231 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.4681 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Thomas Hubbard Mailing Address 396 S. Witchduck Rd., Ste. 100 City Virginia Beach State VA Zip Code 23462 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 6 Transaction ID: SA11A1.4889 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert ImprotaMailing Address 2460 N. Ponderosa Dr.
Suite A117City State Zip Code
Camarillo CA 93010FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	4		2	0	0	6

Transaction ID: SA11A1.4597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. William JervisMailing Address 1844 San Miguel Dr.
Suite 109City State Zip Code
Walnut Creek CA 94596FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	0	6

Transaction ID: SA11A1.4709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brandon Kallman

Mailing Address 4701 N. Meridian Ave., Ste. 7000

City State Zip Code
Miami FL 33140FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	6

Transaction ID: SA11A1.4999

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Susan Kaweski

Mailing Address 3444 kearny Villa Rd., Ste. 401

City State Zip Code
 San Diego CA 92123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4759

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert Kearney

Mailing Address PO Box 927072

City State Zip Code
 San Diego CA 92192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4558

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Kelleher

Mailing Address 1810 Coulter Dr.

City State Zip Code
 Amarillo TX 79106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4751

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Carolyn Kerrigan

Mailing Address 1 Medical Center Dr.

City	State	Zip Code
Lebanon	NH	03756

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	6

Transaction ID: SA11A1.5129

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Roger Khouri

Mailing Address 180 Crandon Blvd., Ste. 114

City	State	Zip Code
Key Biscayne	FL	33149

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	6

Transaction ID: SA11A1.4923

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. David Klein

Mailing Address 398 Copperfield Blvd., NE

City	State	Zip Code
Concord	NC	28025

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	6

Transaction ID: SA11A1.4869

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Louis Korngold

Mailing Address 125 S. Main St.

City State Zip Code
 New City NY 10956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4950

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. Phillip Lambruschi

Mailing Address 350 S. 8th St.

City State Zip Code
 West Dundee ID 60118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4945

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Lloyd Landsman

Mailing Address 994 West Jericho Turnpike

City State Zip Code
 Smithtown NY 11787

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.5001

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. John Lang

Mailing Address 2020 21st St.

City State Zip Code
Bakersfield CA 93301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 09 / 2006

Transaction ID: SA11A1.4606

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. Charles Lee

Mailing Address 3680 Wilshire Blvd., Ste. 202

City State Zip Code
Los Angeles CA 90010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 06 / 2006

Transaction ID: SA11A1.4595

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Brett Lehocky

Mailing Address 450 Monte Vista Dr.

City State Zip Code
Santa Paula CA 93060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 11 / 2006

Transaction ID: SA11A1.4683

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Dann Leonard			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 700 Bellevue St., Ste. 280			Transaction ID: SA11A1.5142	
City State Zip Code Salem OR 97301			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Stephen Lex			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 2 / 2 0 0 6	
Mailing Address 1020 N. San Francisco St., Ste.200			Transaction ID: SA11A1.4599	
City State Zip Code Flagstaff AZ 86001			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Robert Ley			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6	
Mailing Address 150 Carnation Dr., Ste. 4			Transaction ID: SA11A1.4719	
City State Zip Code Freedom CA 95019			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Mario Loomis		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 225 Dolson Ave., Ste. 302		Transaction ID: SA11A1.4891
City Middletown	State NY	Zip Code 10940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr. William Loufty		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 10400 Academy NE Suite 230		Transaction ID: SA11A1.4702
City Albuquerque	State NM	Zip Code 87111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr. Paul Lowenstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 2300 N. Mayfair Rd. Ste. 795		Transaction ID: SA11A1.4955
City Milwaukee	State WI	Zip Code 53226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Dennis Lynch

Mailing Address 2401 S. 31st.

City State Zip Code
 Temple TX 76508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.4656

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Debora Ma

Mailing Address 2668 North park Dr., Ste. 110

City State Zip Code
 Lafayette CO 80026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5151

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Lee Malan

Mailing Address 3955 Harrison Blvd., ste. U1

City State Zip Code
 Ogden UT 84403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.5150

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Eric Mariotti
Mailing Address 2222 East St., Ste. 310

City State Zip Code
Concord CA 94520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4831

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. James Marsh
Mailing Address 2677 S. Tamiami Trail

City State Zip Code
Sarasota FL 34239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4643

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. David Martin
Mailing Address 7777 Forest Lane, Ste. C-625

City State Zip Code
Dallas TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physiciain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.5112

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. James Matas Mailing Address 7300 Sandlake Commons Blvd. Suite 100 City State Zip Code Orlando FL 32819 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.4670 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Michael McGuire Mailing Address 552 Stassi Lane City State Zip Code Santa Monica CA 90402 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.5101 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. G. Robert Meger Mailing Address 3333 E. Camelback Rd., Ste. 140 City State Zip Code Phoenix AZ 85018 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.4568 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Toby Meltzer		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 6	
Mailing Address 7025 N. Scottsdale Rd. Suite 302		Transaction ID: SA11A1.4753	
City Scottsdale	State AZ	Zip Code 85253	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Dr. William Merkel		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6	
Mailing Address 2525 N. 8th St., Ste. 203		Transaction ID: SA11A1.4991	
City Grand Junction	State CO	Zip Code 81501	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Basil Michaels		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 2 / 2 0 0 6	
Mailing Address 426 South St.		Transaction ID: SA11A1.4711	
City Pittsfield	State MA	Zip Code 01201	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Basil Michaels

Mailing Address 426 South St.

City State Zip Code
Pittsfield MA 01201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4849

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Ramiro Morales

Mailing Address 17900 NW 5th St., Ste. 205

City State Zip Code
Pembroke Pines FL 33029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4987

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Dr. Alexander Nein

Mailing Address 2011 Murphy Ave., Ste. 608

City State Zip Code
Nashville TN 37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4925

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Ness

Mailing Address 959 Cox Rd.

City	State	Zip Code
Gastonia	NC	28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.4749

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Ernest Normington

Mailing Address 210 Jpm Rd. Ste. 200

City	State	Zip Code
Lewisburg	PA	17837

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.4958

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Orcutt

Mailing Address 310 23rd Ave. N., Ste 100

City	State	Zip Code
Nashville	TN	37203

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
PHysician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	6

Transaction ID: SA11A1.4994

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. John Osborn

Mailing Address 95 Scripps Dr.

City State Zip Code
 Sacramento Dr. CA 95825

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4965

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Dr. George Peltier

Mailing Address 6545 France Ave. South, Ste. 333

City State Zip Code
 Edina MN 55435

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4939

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Linda Phillips

Mailing Address 6.124 mccullough Bldg.
301 University Blvd.

City State Zip Code
 Galveston TX 77555

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5155

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. George Picha

Mailing Address 5005 Rockside Rd., Ste. 640

City State Zip Code
Independence OH 44131

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 09 2006

Transaction ID: SA11A1.4633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alon Pnini

Mailing Address 1125 Beverly Dr., Ste. 525

City State Zip Code
Los Angeles CA 90035

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 28 2006

Transaction ID: SA11A1.4913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Pomerantz

Mailing Address 444 E. Algonquin Rd.

City State Zip Code
Arlington Heights IL 60005

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Physicain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 13 2006

Transaction ID: SA11A1.5131

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Suri Ponamgi

Mailing Address 1101 Palisade Ave.

City State Zip Code
Fort Lee NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 22 2006

Transaction ID: SA11A1.5052

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Mary Powers

Mailing Address 2888 Long Beach Blvd., Ste. 365

City State Zip Code
Long Beach CA 90806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 24 2006

Transaction ID: SA11A1.4911

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory Rauscher

Mailing Address 20 Prospect Ave., Ste. 600

City State Zip Code
Hackensack NJ 07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 29 2006

Transaction ID: SA11A1.4900

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Debra Ann Reilly

Mailing Address 983335 Nebraska Medical Ctr.

City State Zip Code
 Omaha NE 68198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4583

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Debra Ann Reilly

Mailing Address 983335 Nebraska Medical Ctr.

City State Zip Code
 Omaha NE 68198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4856

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Howard Rosenberg

Mailing Address 2204 Grant Rd., Ste. 201

City State Zip Code
 Mountain View CA 94040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4885

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Malcolm Roth

Mailing Address 925 49th St.

City State Zip Code
 Brooklyn NY 11219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.5110

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Leonard Roudner

Mailing Address 550 Biltmore Way, Ste. 890

City State Zip Code
 Coral Gables FL 33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4871

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Ross Rudolph

Mailing Address 10666 N. Torrey Pines Rd.

City State Zip Code
 La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5136

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 46 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. C. Cayce Rumsey

Mailing Address 209 Ponte Vedra Park Dr.

City State Zip Code
Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank Ryan

Mailing Address 9675 Brighton Way, Ste. 340

City State Zip Code
Beverly Hills CA 90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gary Salomon

Mailing Address 1199 Bust St., Ste. 640

City State Zip Code
San Francisco CA 94109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.4847

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. Antonio Santin

Mailing Address 1600 9th St. S

City State Zip Code
 Great Falls MT 59405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.5115

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)

Dr. Benjamin Schlechter

Mailing Address 114 Coventry Ln.

City State Zip Code
 Whomissing PA 19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.5127

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Gerald Schneider

Mailing Address 10666 N. Torrey Pines Rd.

City State Zip Code
 La Jola CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4937

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Gerald Schneider

Mailing Address 10666 N. Torrey Pines Rd.

City State Zip Code
 La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.5079

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Petra Schneider-Redden

Mailing Address 4 Medical Blvd.
 Hattiesburg Clinic

City State Zip Code
 Hattiesburg MS 39401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4960

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Schuster

Mailing Address 1905 Clinton Moore Rd.

City State Zip Code
 Boca Raton FL 33496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Paul Scioscia

Mailing Address 209 Ponte Vedra Par, Dr.

City State Zip Code
Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan Serure

Mailing Address 7300 S. W. 62nd Place, Ste. 200

City State Zip Code
South Miami FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4576

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Nina Shaikh-Naidu

Mailing Address 160 E. 72nd St.

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
PHysician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.5070

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Joel Shanklin
Mailing Address 900 Mohawk St., Ste. A

City State Zip Code
Savannah GA 31419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4930

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Carol Shapiro
Mailing Address 1940 Optiz Blvd.

City State Zip Code
Woodbridge VA 22191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4660

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Carol Shapiro
Mailing Address 1940 Optiz Blvd.

City State Zip Code
Woodbridge VA 22191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.4904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. James Sheridan

Mailing Address 5401 Knoxville Ave., Ste. 103

City State Zip Code
 Peoria IL 61614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4723

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kimberly Short

Mailing Address 8455 Clearvista Place

City State Zip Code
 Indianapolis IN 46256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4829

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles Slack

Mailing Address 1105 Central Expressway, Ste. 370

City State Zip Code
 Allen TN 75013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4582

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. John Smith Mailing Address 3612 Lake Ave., City State Zip Code Wilmette IL 60091 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>07 / 17 / 2006</div> Transaction ID: SA11A1.4767 Amount of Each Receipt this Period <div>300.00</div>
B. Full Name (Last, First, Middle Initial) Dr. Rick Smith Mailing Address 2900 Hannah Blvd., Ste. 102 City State Zip Code East Lansing MI 48823 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>07 / 16 / 2006</div> Transaction ID: SA11A1.4777 Amount of Each Receipt this Period <div>300.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Bethanne Snodgrass Mailing Address 5300 Harroun Rd., Ste. 216 City State Zip Code Sylvania OH 43560 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>07 / 07 / 2006</div> Transaction ID: SA11A1.4593 Amount of Each Receipt this Period <div>500.00</div>

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. Lisa Sowder Mailing Address 901 Boren Ave., Ste. 1650 City State Zip Code Seattle WA 98104 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.4685 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Scott Spear Mailing Address 3800 Reservoir Rd. NW City State Zip Code Washington DC 20007 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.5089 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Leslie Stevens Mailing Address 201 S. Lasky Dr. City State Zip Code Beverly Hills CA 90212 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.4935 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)

Dr. William Strinden

Mailing Address 116 Christie Dr.

City State Zip Code
 Lufkin TX 75904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4678

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Patrick Sullivan

Mailing Address 235 Plain St., Ste. 502

City State Zip Code
 Providence RI 02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.4587

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Merton Suzuki

Mailing Address 12630 monte Vista Rd., Ste. 108

City State Zip Code
 Poway CA 92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4971

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Edward Truppmann

Mailing Address PO Box 630188

City	State	Zip Code
Miami	FL	33163

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.4769

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward Truppmann

Mailing Address PO Box 630188

City	State	Zip Code
Miami	FL	33163

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.4884

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr. David Turner

Mailing Address 711 West 38th St., Ste. C8

City	State	Zip Code
Austin	TX	78705

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	6

Transaction ID: SA11A1.5144

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Benjamin Van Raalte

Mailing Address 4334 E. 53rd St.

City State Zip Code
Davenport IA 52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.4932

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Oscar Vargas

Mailing Address Mendez Vigo 165 Este.

City State Zip Code
Mayaguez PR 00680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.4928

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Simeon Wall

Mailing Address 1400 E. Bert Kouns, Ste. 106

City State Zip Code
Shreveport LA 71105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5060

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

Full Name (Last, First, Middle Initial)

A. Dr. Stewart Wang

Mailing Address 1234 Garfield Ave., Ste. 203

City State Zip Code
 Alhambra CA 91801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4902

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Weiss

Mailing Address 1049 Fifth Ave., Ste. 2D

City State Zip Code
 New York NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4981

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Clint Welsh

Mailing Address 2930 Hillrise, Ste. 6

City State Zip Code
 Las Cruces NM 88011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4691

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial)
Dr. Steven White
Mailing Address 1275 21st Ave. North

City State Zip Code
Myrtle Beach SC 29577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.4699

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Wingate
Mailing Address 460 Creamery Way, Ste. 110

City State Zip Code
Exton PA 19341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.4687

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr. Curtis Wong
Mailing Address 2439 Sonoma St., Ste. 101

City State Zip Code
Redding CA 96001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.4689

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PlastyPAC

A. Full Name (Last, First, Middle Initial) Dr. William Wyatt Mailing Address 2232 Dell Range Blvd., Ste. 206 City State Zip Code Cheyenne WY 82009 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>07 / 11 / 2006</div> Transaction ID: SA11A1.4666 Amount of Each Receipt this Period <div>500.00</div>
B. Full Name (Last, First, Middle Initial) Dr. Leonard Yu Mailing Address 33 Iono Ave., Ste. 250 City State Zip Code Kahului HI 96732 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>07 / 09 / 2006</div> Transaction ID: SA11A1.4627 Amount of Each Receipt this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Paul Zweibel Mailing Address 206 West County Line Rd., Ste. 210 City State Zip Code Littleton CO 80129 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>300.00</div>		Date of Receipt <div>07 / 14 / 2006</div> Transaction ID: SA11A1.4741 Amount of Each Receipt this Period <div>300.00</div>

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

71733.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. BIG TENT PAC;THE

Mailing Address 3700 Massachusetts Avenue NW 108

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4790

Date of Disbursement

M M / D D / Y Y Y Y
09 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BLUEGRASS COMMITTEE

Mailing Address 400 North Capitol Street NW
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4522

Date of Disbursement

M M / D D / Y Y Y Y
07 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BOB CORKER FOR SENATE

Mailing Address 518 GEORGIA AVE 2ND FLOOR

City CHATANOOGA State TN Zip Code 37403

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.4813

Date of Disbursement

M M / D D / Y Y Y Y
09 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. BOUCHARD FOR US SENATE Full Name (Last, First, Middle Initial) Mailing Address 4050 WEST MAPLE ROAD SUITE 250 City BLOOMFIELD HILLS State MI Zip Code 48301 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00
B. CANTOR FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 17813 City Richmond State VA Zip Code 23226 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4799 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00
C. CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN Full Name (Last, First, Middle Initial) Mailing Address PO Box 12612 City San Antonio State TX Zip Code 78212 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4553 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR RUSH

Mailing Address P. O. BOX 7292

City
CHICAGO

State
IL

Zip Code
60680

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 01

Transaction ID: SB23.4807

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COLE FOR CONGRESS

Mailing Address P.O. Box 722256

City
Norman

State
OK

Zip Code
73070

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 04

Transaction ID: SB23.4795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P. O. BOX 746

City
Bakersfield

State
CA

Zip Code
93302

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4513

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. ENSIGN FOR SENATE

Mailing Address PO BOX 26568

City LAS VEGAS State NV Zip Code 89126

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: NV District: 00

Transaction ID: SB23.4786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS FOR MIKE MCGAVICK

Mailing Address PO BOX 9247

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: WA District: 00

Transaction ID: SB23.4811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City SILVER SPRINGS State FL Zip Code 34489

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: FL District: 06

Transaction ID: SB23.4543

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONRAD BURNS - 2006

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: SB23.4519

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF GEORGE ALLEN

Mailing Address PO BOX 6859

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 00

Transaction ID: SB23.4782

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE LIEBERMAN

Mailing Address PO BOX 231294
STATE HOUSE SQUARE

City STATE HOUSE SQUARE State CT Zip Code 06123

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 00

Transaction ID: SB23.4788

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 73

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: SB23.4547

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SESSIONS SENATE COMMITTEE INC

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 00

Transaction ID: SB23.4520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. GORDON, BARTON JENNINGS

Mailing Address 940 EAST NORTHFIELD BOULEVARD

City MURFREESBORO State TN Zip Code 37130

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.4551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. Full Name (Last, First, Middle Initial) GORDON, BARTON JENNINGS		Transaction ID: SB23.4805 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 6</div> </div>
Mailing Address 940 EAST NORTHFIELD BOULEVARD		Amount of Each Disbursement this Period <div>2500.00</div>
City MURFREESBORO State TN Zip Code 37130		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC		Transaction ID: SB23.4517 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period <div>2500.00</div>
City SALT LAKE CITY State UT Zip Code 84101		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC		Transaction ID: SB23.4785 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 6</div> </div>
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period <div>2500.00</div>
City SALT LAKE CITY State UT Zip Code 84101		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional) ►		<div>7500.00</div>
TOTAL This Period (last page this line number only) ►		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. HOYER FOR CONGRESS

Mailing Address 7905 MALCOLM ROAD SUITE 102

City CLINTON State MD Zip Code 20735

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: SB23.4549

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.4801

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.4541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. JOHNSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.4794

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

B. JON KYL FOR U S SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: SB23.4516

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

C. JON KYL FOR U S SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 10246

City PHOENIX State AZ Zip Code 85064

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: SB23.4783

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. Full Name (Last, First, Middle Initial) KEAN, THOMAS H JR		Transaction ID: SB23.4530 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address PO BOX 225		Amount of Each Disbursement this Period <div>2000.00</div>
City COLONIA State NJ Zip Code 07067		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) KEAN, THOMAS H JR		Transaction ID: SB23.4818 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 6</div> </div>
Mailing Address PO BOX 225		Amount of Each Disbursement this Period <div>5000.00</div>
City COLONIA State NJ Zip Code 07067		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) KENNEDY, MARK RAYMOND		Transaction ID: SB23.4528 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 6</div> </div>
Mailing Address 11426 COUNTY RD 13 SE		Amount of Each Disbursement this Period <div>2000.00</div>
City WATERTOWN State MN Zip Code 55388		
Purpose of Disbursement	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. Full Name (Last, First, Middle Initial)
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4535

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 06

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4809

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.4545

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

A. SORENSEN, SHELIA Full Name (Last, First, Middle Initial) Mailing Address PO Box 1661 City Boise State ID Zip Code 83701 Purpose of Disbursement Void--March 15, 2006 Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.5169 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period -2500.00
B. STEELE FOR MARYLAND INC Full Name (Last, First, Middle Initial) Mailing Address 1350 DORSEY ROAD BUILDING A STE A City HANOVER State MD Zip Code 21076 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4524 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00
C. SUE MYRICK FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 37091 City Charlotte State NC Zip Code 28237 Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4539 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. TALENT FOR SENATE COMMITTEE

Mailing Address 147 N MERAMEC SUITE 100

City State Zip Code
ST LOUIS MO 63105

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: MO District: 00

Transaction ID: SB23.4787

Date of Disbursement

M M / D D / Y Y Y Y
 09 12 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY BONILLA

Mailing Address P.O. Box 17292

City State Zip Code
San Antonio TX 78217

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: TX District: 23

Transaction ID: SB23.4792

Date of Disbursement

M M / D D / Y Y Y Y
 09 12 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City State Zip Code
Columbus OH 43229

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: OH District: 12

Transaction ID: SB23.4797

Date of Disbursement

M M / D D / Y Y Y Y
 09 12 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
PlastyPAC

Full Name (Last, First, Middle Initial)

A. TRENT LOTT FOR MISSISSIPPI

Mailing Address PO BOX 22824

City JACKSON State MS Zip Code 39225

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: MS District: 00

Transaction ID: SB23.4781

Date of Disbursement

M M / D D / Y Y Y Y
 09 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: MI District: 06

Transaction ID: SB23.4537

Date of Disbursement

M M / D D / Y Y Y Y
 07 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. VICTORY FUND '98 - JOINT FUNDRAISING COMMITTEE

Mailing Address 911 20TH STREET

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement

Void---March 15, 2006

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

Transaction ID: SB23.4511

Date of Disbursement

M M / D D / Y Y Y Y
 07 / 19 / 2006

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

104500.00